

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-870)

SERIAL NO.  
101048, 063  
APPLICABLE

6-4-03 CLAIMS

NUMBER	AFTER ADMISSION		AFTER ONE AMENDMENT		AFTER TWO AMENDMENTS	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	10/1048,063		FILING DATE			
						APPLICATION						
5-11-04 11-17-05						CLAIMS						
NUMBER	DIRECT		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP						
1	1		1				51					
2		1		1			52					
3		1		1			53					
4		1		1			54					
5		1		1			55					
6	1		1		1		56					
7	1		1		1		57					
8	1		1		1		58					
9	1		1		1		59					
10	1		1		1		60					
11	1		1		1		61					
12	1		1		1		62					
13	1		1		1		63					
14	1		1		1		64					
15	1		1		1		65					
16	1		1		1		66					
17	1		1		1		67					
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41							91					
42							92					
43							93					
44							94					
45							95					
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47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4	1	2	1			TOTAL IND.					
TOTAL DEP.	13	1	18	1			TOTAL DEP.					
TOTAL CLAIMS	17	20					TOTAL CLAIMS					